

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

DISASTER DUTY TIME SHEET**ALL ENTRIES MUST BE COMPLETED THOROUGHLY, LEGIBLY AND IN INK – DO NOT USE PENCIL**

Disaster Event Name:		Check all applicable:	<input type="checkbox"/> Shelter <input type="checkbox"/> DSNAP <input type="checkbox"/> Other (specify): _____		
Employee Name:		Personnel Number:		Regular Job Title:	
Regular Office Location:	S.O. BUREAU / SECTION	FIELD REGION / PARISH	Regular Cost Center Number:		Regular FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Regular Office Work Schedule (specify days of the week & number of hours each day):					

Pay Period Dates (specify entire 2 week period):

NOTE: DAYS BEGIN AT 12:01 A.M. AND END AT 12:00 A.M. MIDNIGHT. Shifts that extend beyond midnight require two line entries for the two days involved. Day of Week is to be recorded as M, T, W, TH, F, SA, SU. Times/Hours are to be recorded in quarter-hour increments ONLY. To make corrections, draw one line through the incorrect entry and write the correction above or below the incorrect entry. DO NOT WRITE OVER THE ENTRY OR USE "WHITE-OUT".

DAY OF WEEK	DATE	LEAVE TAKEN (LA, LB, LH, LSOC, etc.) (quarter-hour basis)	REGULAR OFFICE DUTIES WORKED (quarter-hour basis)	TOTAL LEAVE & REGULAR OFFICE DUTIES	DISASTER SITE NAME / LOCATION	DISASTER TRAVEL / DUTY BEGAN (quarter-hour basis)	DISASTER DUTY / TRAVEL ENDED (quarter-hour basis)	TOTAL DISASTER HOURS	(TIME ADMIN USE ONLY)		
									REGULAR DISASTER HOURS	LSAG HOURS	OVERTIME DISASTER HOURS
						() a.m. () p.m.	() a.m. () p.m.				
						() a.m. () p.m.	() a.m. () p.m.				
						() a.m. () p.m.	() a.m. () p.m.				
						() a.m. () p.m.	() a.m. () p.m.				
						() a.m. () p.m.	() a.m. () p.m.				
						() a.m. () p.m.	() a.m. () p.m.				
						() a.m. () p.m.	() a.m. () p.m.				
						() a.m. () p.m.	() a.m. () p.m.				
						() a.m. () p.m.	() a.m. () p.m.				
TOTAL (this page only):											

I CERTIFY THAT I HAVE PERFORMED REGULAR AND/OR DISASTER DUTIES DURING THE DATES AND TIMES AS INDICATED ABOVE.

Employee Signature		Date	
APPROVAL OF DISASTER HOURS WORKED FOR COMPENSATION (only one signature is needed)			
DCFS Emergency Operations Site Manager Signature		Job Title	
Non-DCFS Emergency Operations Site Manager or Appointing Authority Signature		Job Title	